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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5/1315US
First Named Inventor	Himmelsbach, F. et al
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 081,826
Filing Date	February 22, 2002
Group Art Unit	To be Assigned
Examiner Name	To be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Xanthine derivatives, the preparation thereof and their use as pharmaceutical compositions**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **02/22/2002**

as United States Application Number or PCT International

Application Number **10/081,826** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
101 09 021.8	DE	02/24/2001	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
101 17 803.4	DE	04/10/2001	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
101 40 345.3	DE	08/17/2001	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
102 03 486.9	DE	01/30/2002	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/273,880	03/07/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/284,753	04/18/2001	
60/314,358	08/23/2001	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	→	Place Customer Number Bar Code Label here
<i>OR</i>		
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		

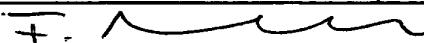
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiarri	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	28505				
PATENT TRADEMARK OFFICE					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle if any)			Family Name or Surname					
Frank		HIMMELSBACH						
Inventor's Signature							Date	May 11, 2001
Residence: City	Mittelbiberach	State		Country	DE	Citizenship	DE	
Post Office Address	Ahornweg 16							
Post Office Address								
City	Mittelbiberach	State		ZIP	D-88441	country	DE	

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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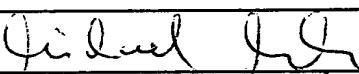
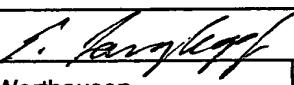
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Michael		MARK		
Inventor's Signature				Date 06/12/02
Residence: City	Biberach	State	Country	DE
Mailing Address	Hugo-Haering-Strasse 50			
Mailing Address				
City	Biberach	State	ZIP	D-88400
Country	DE			
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Matthias		ECKHARDT		
Inventor's Signature				Date 06/11/2002
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Mailing Address	Kirschenweg 7			
Mailing Address				
City	Biberach	State	ZIP	D-88400
Country	DE			
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Elke		LANGKOPF		
Inventor's Signature				Date 06/11/2002
Residence: City	Warthausen	State	Country	DE
Mailing Address	Schloss 3			
Mailing Address				
City	Warthausen	State	ZIP	D-88447
Country	DE			

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Roland		MAIER		
Inventor's Signature	<i>R. Maier</i>			Date <i>06/11/2002</i>
Residence: City	Biberach	State	Country	DE
Citizenship	DE			
Mailing Address Bodelschwinghstrasse 39				
Mailing Address				
City	Biberach	State	ZIP	D-88400
Country DE				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Ralf		LOTZ		
Inventor's Signature	<i>Ralf L</i>			Date <i>13/06/02</i>
Residence: City	Schemmerhofen	State	Country	DE
Citizenship	DE			
Mailing Address Nelkenstrasse 21				
Mailing Address				
City	Schemmerhofen	State	ZIP	D-88433
Country DE				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

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